

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040504

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

175

Primary Registration District No.

3036

Registrar's No.

237

STATE FILE NUMBER.

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Aurora TOWN		c. CITY OR TOWN Aurora Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hospital		d. STREET ADDRESS 529 South Porter (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Docia Middle Chastain Last Chastain		4. DATE OF DEATH Month October Day 22 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-23-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (City and state or country) Clever, Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Jack Ervin		13b. MOTHER'S MAIDEN NAME Sarah Johnson	
14. NAME OF HUSBAND OR WIFE Lorenza Chastain		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Dale Chastain Address Republic, Missouri	
18. CAUSE OF DEATH (Enter only one cause per time) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer, Gastric Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 1962 to 10-23-1963 and last saw her alive on 10-21-63 Death occurred at 12:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.A. Morrison		22b. ADDRESS Amor Mo.	
22c. DATE SIGNED 10-22-63		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-24-1963	23c. NAME OF CEMETERY OR CREMATORY Frazier Chapel	23d. LOCATION (City, town, or county) (State) Clever, Missouri
24. FUNERAL DIRECTOR William B. Cantrell ADDRESS Republic, Mo.		25. DATE RECD. BY LOCAL REG. 10-22-63	
26. REGISTRAR'S SIGNATURE Leonard B. [Signature]		27. REGISTRAR'S SIGNATURE by Jean Miller	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.